

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	3	1				
5	1	0				
6	0	1				
7	0	0				
8	0	1				
9	1	0				
10	0	1				
11	1	0				
12	1					
13	0	1				
14	1	0				
15	0	1				
16	1	0				
17	0	1				
18	0	0				
19	1					
20	1					
21	1					
22	3	1				
23	0	0				
24	0	1				
25	1	0				
26	1					
27	1					
28	1	2				
29	0	1				
30	1	0				
31	0	1				
32	1	0				
33	0	1				
34	1	0				
35	1					
36	1	1				
37	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	33	↔		↔		↔
TOTAL CLAIMS	37	↔	↔	↔	↔	↔

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔	↔	↔	↔	↔

BEST AVAILABLE COPY